

Company Letterhead

Date

Name (county/state staff)

Name of Vital Records Office

Address

City, State Zip

We apologize for the delay in registering this death certificate for _____.
(Name of decedent)

The circumstances that caused the delay are the following: _____.

Enclosed is the following as required by Arizona Administrative Code R9-19-305 to register a delayed death certificate for _____. (Type or print decedent's name):

I, _____ (Type or print name of the person signing the letter),
affirm that the attached information submitted to support registration of this delayed death certificate
is true and correct to the best of my knowledge.

Signature of Person affirming the information is true and correct

Date Signed

Notary Public:

State of _____ County of _____, ____ day of _____, 20____, before
me personally appeared _____ (name of signer), whose identify was proved to me on
the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who
acknowledged that he/she signed the above/attached document.

Notary Signature _____ Expiration Date of Notary's
Commission _____